

## CANCELLATION OF FORM K-WC 135

K-WC 135-A (Rev. 6-12)

**Cancellation of Election of Employer to Provide Workers  
Compensation Coverage for Persons Performing Public or  
Community Service as a Result of a Contract of Diversion,  
Assignment to a Community Corrections Program or Suspension  
of Sentence, or as a Condition of Probation or in Lieu of a Fine**

To be processed, **ALL** entries on this form must be completed. If not completed using the fillable form feature, entries must be neatly printed in black ink or typewritten. This form must be signed.

This *Cancellation of Election* is effective upon receipt by the Kansas Division of Workers Compensation. This form may be emailed to **wcelections@dol.ks.gov**.

To the Kansas Division of Workers Compensation, you are hereby notified that:

Employer name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

hereby cancels its previous election to provide workers compensation coverage for workers performing public or community service as a result of a contract of diversion, or assignment to a community corrections program or suspension of sentence, or as a condition of probation or in lieu of a fine.

\_\_\_\_\_  
Signature of authorized representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date